

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM MTO-876)

Serial No.
Applicant/

09/459240

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	8	↓	↓	↓	↓	↓
TPTR.	12	123456	123456	123456	123456	123456

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	7	↓	↓	↓	↓	↓
TOTAL DEP.	8	↓	↓	↓	↓	↓
TOTAL	12	123456	123456	123456	123456	123456

BEST AVAILABLE COPY